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For Single Copies:

E-mail: hiv-stdhotline@vdh.virginia.gov
Write: Virginia Department of Health
Division of Disease Prevention
P.O. Box 2448, Room 326
Richmond, VA 23218

Online Access:

http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/Profile2007.htm

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Introduction

1981 marked the first year of the HIV/AIDS epidemic in the United States, with Virginia reporting its first AIDS cases the following year. The face of HIV/AIDS has, however, noticeably changed since the early 1980's. As a result, the focus of HIV/AIDS programs and services in Virginia are tailored accordingly to better serve those at highest risk for acquiring HIV infection.

Virginia develops an Epidemiology Profile every three years to chronicle these changes. The Epidemiology Profile describes the current status, distribution, and impact of HIV/AIDS in Virginia, so that it can guide the Virginia HIV Community Planning Committee (HCPC) as it prioritizes target populations. This Profile also provides data and information for both prevention and care providers in planning services and justifying the allocation of resources to specific populations and/or geographic locations.

The Epidemiology Profile includes data from HIV/AIDS surveillance and other reliable sources to answer the following key questions outlined by the Centers for Disease Control and Prevention (CDC):

1. What are the sociodemographic characteristics of the general population in Virginia?
2. What is the scope of the HIV/AIDS epidemic in Virginia?
3. What are the indicators of risk for HIV/AIDS in Virginia?
4. What are the patterns of service utilization of HIV-infected persons in Virginia?
5. What are the number and characteristics of HIV-infected persons who are not receiving primary medical care for HIV?

Virginia Surveillance Program (VSP)

AIDS has been a reportable disease in Virginia since 1983 and HIV has been reportable by name since July 1989. In 1989, Virginia reported more than 1,000 HIV cases and in 1995, Virginia had the second highest increase in AIDS cases reported nationally. In addition to mandatory HIV/AIDS reporting, Virginia required HIV viral load reporting in 1999 and in May of 2007 laboratories were required to report CD4 and viral load tests.

Since the late 1990's, the VSP has successfully implemented numerous CDC-funded supplemental surveillance projects that have provided complementary information to HIV/AIDS surveillance data. VSP currently participates in the following supplemental surveillance activities: HIV Incidence, HIV Resistance, National Behavioral Surveillance (NHBS), and Medical Monitoring Project (MMP). These projects seek to gather additional information about those newly infected with HIV and their HIV resistance patterns; HIV risk behaviors; the clinical outcomes of HIV and utilization of and access to care. VSP also receives funding for capacity building, which provides for HIV/AIDS data analyses, interpretation, and dissemination. These supplemental activities have the common goal of seeking to increase both the state and national knowledge of the HIV epidemic.

HIV Prevention

The Epidemiology Profile is used by the HCPC to determine priority populations, to assist in planning HIV prevention programs, and to better target resources. Virginia's HIV Prevention Program develops programs based on recommendations from the HCPC which target priority populations determined by the Virginia HCPC. Over the years, a number of grant programs have been established to target high-risk populations. These include: AIDS Services and Education; Minority AIDS Projects; High Risk Youth and Adults; Men who have Sex with Men HIV Prevention Program; African-American Faith Initiative; Community HIV Testing Services; and Primary Prevention for Persons Living with HIV.

CDC initiatives have also guided HIV prevention activities in Virginia. In 2003, the CDC announced the Advancing HIV Prevention Initiative, which aims at reducing HIV incidence by: making HIV testing a routine part of medical care; implementing new models for diagnosing HIV infections outside medical settings; preventing new

infections by working with persons diagnosed with HIV and their partners; and decreasing perinatal HIV transmission. Furthermore, in 2006, the CDC released new recommendations for HIV testing, advocating that all persons between the ages of 13 and 64 be tested for HIV. In Virginia, the Every Newborn Can Be HIV Free campaign was launched in 2006 to promote HIV testing among pregnant women to ensure timely reporting, appropriate medical treatment of HIV-infected pregnant women and to encourage the adoption of rapid testing in labor and delivery units. All of these efforts will increase rates of HIV testing in Virginia, allowing more individuals to be aware of their HIV status and potentially slowing the spread of HIV to uninfected persons.

Health Care Services

Access to HIV related care and treatment is thought to have had an impact on the number of reported AIDS cases in Virginia. While the number of reported HIV cases has continued to rise, the number of AIDS cases has decreased. This may be due partly to the slowing of disease progression in persons who benefit from the increased accessibility of HIV/AIDS care services and the availability of successful treatments supported by Ryan White funding including AIDS Drug Assistance Program (ADAP) as well as state-funded initiatives. Some regional-specific programs help identify "out of care" HIV infected persons and link them to medical services. State-funded early intervention programs in the Central and Southwest regions, and Minority AIDS Initiative (MAI) programs in the Eastern and Northern regions target the newly diagnosed as well as clients who have disengaged from care. People recently released from incarceration are targeted by outreach programs in the regions, as well as the state's Seamless Transition Program that provides HIV-related medications between the time of release from state correctional facilities and ADAP enrollment. Primary medical care funding in the state benefits from active coordination between Ryan White Parts A, B, C and D funded providers within Consortia and other meetings. Regional Consortia coordinate and facilitate Part B funds that exist in the region, to help expand capacity and reduce the risk of waiting lists.

There are now 101 medications available on the formulary as well as five vaccinations, increasing clients' access to treatments necessary for overall improvement in health and in delaying the progression from HIV to AIDS. ADAP clients who hold Medicare Part D benefit from a state-funded State Pharmaceutical Assistance Program (SPAP) that pays the monthly cost of their premiums, allowing them to obtain policies that provide the best available coverage for medications not on the ADAP formulary. Assistance with medication cost-sharing under the SPAP will begin soon, increasing client access to all needed medications.